

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5791

FILED MAR 6 1950

State File No.

BIRTH NO.		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>3 hr. 25 min.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		<u>0883</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>653 No. Ault St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Holbrook</u> c. (Last) <u>Holbrook</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Aug. 8, 1906</u>	
9. AGE (In years last birthday) <u>43</u>		10. MONTHS <u>5</u> DAYS <u>25</u>		11. BIRTHPLACE (State or foreign country) <u>Madison, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Holbrook</u>				13b. MOTHER'S MAIDEN NAME <u>Ida Williams</u>		14. NAME OF HUSBAND OR WIFE <u>XX</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>492-28-1323</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sopha Imbler</u> ADDRESS <u>Moberly, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive intracranial injury, multiple skull fractures, traumatic</u> ANTECEDENT CAUSES <u>struck by automobile</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>tic</u> DUE TO (c) <u>struck by automobile</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>127</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT X SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 03</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Moberly</u> <u>Randolph</u> <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Feb. 3, 1950</u> <u>2:25 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck on the highway near Moberly</u>			
22. I hereby certify that I attended the deceased from <u>Feb. 3</u> , 1950, to <u>Feb. 4</u> , 1950, that I last saw the deceased alive on <u>Feb. 4</u> , 1950, and that death occurred at <u>2:25 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Woodland Hospital, Moberly</u>		23c. DATE SIGNED <u>Feb. 23, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-6-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Madison</u>		24d. LOCATION (City, town, or county) (State) <u>Madison</u> <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-23-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Madison</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 27 1950

District Health Officer No. _____

District File Number 2-58-34

Don Filed FEB 27 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

C. L. Feland

Licensed Embalmer No. 1399

P. O. Address Higley Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.